PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09,920,071

CLAIMS AS FILED - PART I (Column 1)						mn 2)		SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TC	TAL CLÀIMS		5				ſ	RATE	FEE		RATE	FEE
FO	R		NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
то	TAL CHARGEA	BLE CLAIMS	S minus 20=					X\$ 9=	- 11-	OR	X\$18=	
IND	EPENDENT CL	AIMS	3 minus 3 =		* A			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT							ľ	+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2	L	TOTAL	24	OR	TOTAL	
CLAIMS AS AMENDED - PAR						<u> </u>				1	OTHER	THAN
		(Column 1)	(Column 2			(Column 3)	_	SMALL E	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT (CLAIM			+135=		OR	+270=	
							L	TOTAL			TOTAL	
		(Column 1)		(Colu	mn 2)	(Column 3)	P	ADDIT. FEE		۱۳۰۰	ADDIT. FEE	
В		CLAIMS		HIGH	IEST		1 6	Ī	ADDI-			ADDI-
AMENDMENT I		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CL						!	+135=		OR	+270=	
								TOTAL			TOTÁL	
(0-1								DDIT. FEE	`	ON	ADDIT. FEE	
-		(Column 1) CLAIMS		(Colur HIGH		(Column 3)	1 r			1		
AMENDMENT C	(REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 20	Minus	**2	0	=		X\$ 9=		OR	X\$18=	
	Independent	· 4	Minus	***		= .]	X40=			X80=	
_	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDENT	CLAIM		!	73-		OR	7.00	
* 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		ber Previously Pai					er foui	nd in the app	ropriate box	in co	lumn 1.	